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Date: May 4, 2006

File Number: 11CF-123022

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From: David E. Heisey

Re: Patent Application Serial No. 10/639,143 – Revocation/Power of Attorney

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1. Transmittal (1 pg.); and
2. Revocations of Power of Attorney with New Powers of Attorney and
Changes of Correspondence Address (2 pp.)

Applicant: Yanon VOLCANI et al.Title: SYSTEM AND METHOD FOR DETERMINING AND...Serial No.: 10/639,143Filed: August 11, 2003Examiner: TBAGroup Art Unit: 2171Our Docket No.: 11CF-123022Date Faxed: 5/4/06Client: VolcaniDate Due: N/AAtty/Sec.: Heisey/McDougall

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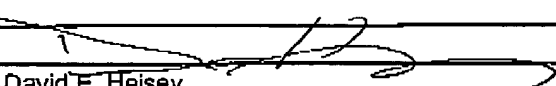
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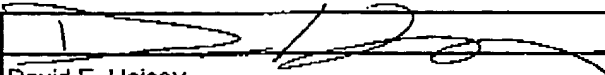
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TRANSMITTAL FORM		Application Number	10/639,143
		Filing Date	August 11, 2003
		First Named Inventor	Yanon VOLCANI et al.
		Art Unit	2171
		Examiner Name	TBA
(to be used for all correspondence after initial filing)		Attorney Docket Number	11CF-123022 (formerly 28845-1/P08)
Total Number of Pages in This Submission	3		

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Sheppard Mullin Richter & Hampton, LLP		
Signature			
Printed name	David E. Heisey		
Date	May 4, 2006	Reg. No.	42,651

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Typed or printed name	David E. Heisey	Date	May 4, 2006

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number: 10/639,143
Filing Date: 08/11/2003
First Named Inventor: Yanon Volcani
Art Unit: 2171
Examiner Name: TBA
Attorney Docket Number: 11CF-123022 (formerly 28845-1/P08)

I hereby revoke all previous powers of attorney given in the above identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 30764

☒ Please change the correspondence address for the above identified application to:

☒ The address associated with Customer Number: 30764

OR

☐ Firm or Individual Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Telephone: _____ Email: _____

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature: _____
Name: Yanon Volcani
Date: 04/13/06 Telephone: 858/454-6484

NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/639,143
	Filing Date	August 11, 2003
	First Named Inventor	Yanon VOLCANI et al.
	Art Unit	2171
	Examiner Name	TBA
	Attorney Docket Number	11CF-123022 (formerly 28845-1/P08)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

30764

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

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<input type="checkbox"/> Firm or Individual Name				
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	David B. Fogel		
Date	May 3, 2006	Telephone	(858) 455-6449

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